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Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90199 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10062920

DOCUMENT # P99000104814

1. Entity Name
OUTREACH HOME HEALTH OF TREASURE COAST, INC.

Principal Place of Business	Mailing Address
3201 WEST COMMERCIAL BLVD. SUITE 134 FORT LAUDERDALE, FL 33-3098 US	3201 WEST COMMERCIAL BLVD. SUITE 134 FORT LAUDERDALE, FL 33-3098 US

2. Principal Place of Business	3. Mailing Address
1501 NW 49 St.	P.O.Box 5208
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: Broward	Zip: 33310 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1060529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAMUELS, LEONARD K ESQ.
350 EAST LAS OLAS BLVD.
SUITE 1000
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

File Annual Report by May 1, 2003 to avoid $400 Late Fee. Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GUTHRIE, WILLIAM STREET ADDRESS: ~~2929 EAST COMMERCIAL BLVD. #306~~ CITY-ST-ZIP: ~~FORT LAUDERDALE, FL 33308~~	☐ Delete	TITLE: PD NAME: William Guthrie STREET ADDRESS: 1501 NW 49 Street CITY-ST-ZIP: Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE: D NAME: ROSENBERG, RALPH STREET ADDRESS: ~~2929 EAST COMMERCIAL BLVD. #507~~ CITY-ST-ZIP: ~~FORT LAUDERDALE, FL 33308~~	☐ Delete	Ralph Rosenberg TITLE: D NAME: Ralph Rosenberg STREET ADDRESS: 1501 NW 49 Street CITY-ST-ZIP: Ft. Lauerdale, FL 33309	☒ Change ☐ Addition
TITLE: P NAME: DAVIS, STEVE STREET ADDRESS: 2929 EAST COMMERCIAL BLVD. #507 CITY-ST-ZIP: FORT LAUDERDALE, FL 33308	☒ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ William Guthrie 4/2/03 954-938-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #